

## Addendum to Public Inebriate Program – Model 2005

### Law Enforcement Response

The Vermont law enforcement representatives, who reviewed the newly proposed Vermont Public Inebriate Program model, support the treatment modality approach, while voicing significant concerns regarding any plan that will increase law enforcement's time commitment to the process. It is recognized that this program has evolved largely into a 24-hour lock-up for individuals deemed incapacitated due to alcohol, and at risk of harm to self or others, and is clearly the antithesis of what the statutory change to de-criminalize public inebriation intended. With the exception of Chittenden County, treatment diversion beds are dismally lacking.

The current role in law enforcement is to engage with these individuals, now numbering over 3000 per year, remove them from potentially dangerous situations, and contact an alcohol screener for disposition. Current concerns are:

- Capacity for response is essential, **but time-limited**. The primary concern of law enforcement in the proposed model is that there **not** be a prescription for medical clearance for every individual through a hospital emergency room. Law enforcement does **not** have the manpower currently to provide security for these individuals, who are initially uncooperative in best case scenarios and violent in worse case scenarios. The emergency room medical clearance process is currently utilized when the alcohol screener deems it is essential due to level of alcohol in the system or co-morbid factors; however, it is an extensive, time-consuming process upon entry into our hospitals' busy emergency rooms. This diminishes an already under-staffed law enforcement work force and

leaves communities at risk of limited response to other emergencies for significant blocks of time.

- In addition to time constraints, is the concern of containing uncooperative individuals in an environment where others may be in critical need of emergency medical care. Disruptive situations are not uncommon when bringing an incapacitated individual through the emergency room, thus increasing risk of harm to staff and patient.

Law enforcement favors an approach that will improve a review and screening of the incapacitated individual's treatment needs through the utilization of a medical screening tool by trained individuals in the field, thus limiting emergency room visits to "as needed" only.